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CONFIRMATION NO. 5915

Bib Data Sheet

<b>SERIAL NUMBER</b> 09/880,630	<b>FILING OR 371(c) DATE</b> 06/13/2001 <b>RULE</b>	<b>CLASS</b> 455	<b>GROUP ART UNIT</b> 2686	<b>ATTORNEY DOCKET NO.</b> 3607/1J483US1
<b>APPLICANTS</b> David Leason, Chappaqua, NY;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/211,300 06/13/2000				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 08/10/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 16
<b>INDEPENDENT CLAIMS</b> 3				
<b>ADDRESS</b> 38810				
<b>TITLE</b> EXTRINSIC SIGNAL TO SHUNT AN ACOUSTIC DRIVER IN A CELLULAR TELEPHONE, PAGER OR THE LIKE				
<b>FILING FEE RECEIVED</b> 355	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	